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03/08/2006 DJACOBS 00000002 230804 10659063

01 FC:2253 510.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

10 659 063

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	13	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	13 minus 20 =	
INDEPENDENT CLAIMS	4 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	• 13	Minus	-- 3C	-
	Independent	• 1	Minus	-- 4	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

(Column 1) (Column 2) (Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	• 7	Minus	-- 20	-
	Independent	• 1	Minus	-- 3	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

(Column 1) (Column 2) (Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	• 12	Minus	-- 20	-
	Independent	• 5	Minus	-- 3	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

= If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		+290=	
TOTAL 385		OR TOTAL	

SMALL ENTITY OR OTHER THAN  
OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X43=		X86=	
+145=		+290=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X43=		X86=	
+145=		+290=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X43=		X86=	
+145=		+290=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

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DATE: March 6, 2006

TO: Examiner Michael C. Henry Fax No.: (571) 273 8300  
 TC Art Unit: 1623FROM: Holliday C. Heine, Ph.D. No. of pages transmitted  
 (including this page): 8

Our File: UPITT-008XX Time:

Your Ref: Application No. 10/659,063 Sent by: Rose  
 Filed Date: September 10, 2003  
 Confirmation No.: 3827A confirmation copy of this transmission will not be mailed unless the following is checked: [ ]  
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**PLEASE DELIVER DIRECTLY TO:**  
**EXAMINER Michael C. Henry, Tel. (571) 272-0652**  
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**FOR ENTRY**Enclosed for filing please find a: Response to Office Action including a  
 Request for 2 months Extension of TimeThe Commissioner is hereby authorized to Charge Deposit Account No. 23-0804 for any additional  
 filing fees associated with this communication or credit any overpayment.

*Holiday C. Heine*  
 Attorney for Applicant: Holiday C. Heine, Ph.D.  
 Registration No. 34,346

HCH/raw 333407.1

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